

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 23 1940

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

11822

Do not use this space.

## 1. PLACE OF DEATH

(a) County New Madrid Registration District No. 605  
 (b) Township 1 Primary Registration District No. 4359  
 (c) City Rice Mo or St.  
 (d) Street No. 530 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. Rice Mo St. ☐ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Land</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4 - 1858</u>		
7. AGE <u>81</u>	YEARS <u>9</u>	MONTHS <u>23</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

## 13. NAME

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

## 15. MAIDEN NAME

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

## 17. INFORMANT (ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE EssexDATE 3-28

## 19. FUNERAL DIRECTOR (NAME) (ADDRESS)

20. FILED 3/27/4019 Dr. Geo. W. Hustel

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27, 194022. I HEREBY CERTIFY, That I attended deceased from 3-22, 1940, to 3/27, 1940

I last saw he alive on 3/25, 1940. Death is said to have occurred on the date stated above, at 7:15 a.m.  
 The principal cause of death and related causes of importance were as follows:

Malaria

Date of onset

Other contributory causes of importance:

old ageName of operation clinical Date ofWhat test confirmed diagnosis? clinical Was there an autopsy?23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. W. Hustel, M. D.(Address) Parma

RECEIVED

District Health Officer No. 2

District File No. 440-949

Date filed 4/15/40

FEB 28 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *A. C. Lansdell*

Licensed Embalmer No. 818

P. O. Address *Kenneth M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.